

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/762767** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		2				
5		2				
6	1					
7		1				
8	1					
9	1					
10		1				
11		2				
12		(1)				
13	1					
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TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	10	←		←		←
TOTAL CLAIMS	16					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS